

# **Senate File 415 - Introduced**

SENATE FILE 415  
BY COMMITTEE ON HUMAN  
RESOURCES

(SUCCESSOR TO SSB 1199)

## **A BILL FOR**

1 An Act relating to human services involving mental health  
2 and disability services and children's services, making  
3 appropriations, and including effective dates.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 DIVISION I  
2 SYSTEM REDESIGN — IMPLEMENTATION  
3 RESEARCH-BASED PRACTICE

4 Section 1. Section 331.388, Code 2013, is amended by adding  
5 the following new subsection:

6 NEW SUBSECTION. 4A. "*Research-based practice*" means a  
7 service or other support in which the efficacy of the service  
8 or other support is recognized as an evidence-based practice,  
9 or is deemed to be an emerging and promising practice, or which  
10 is part of a demonstration and will supply evidence as to the  
11 effectiveness of the service or other support.

12 Sec. 2. Section 331.393, subsection 4, paragraph g,  
13 unnumbered paragraph 1, Code 2013, is amended to read as  
14 follows:

15 The requirements for designation of targeted case management  
16 providers and for implementation of ~~evidence-based~~ models  
17 of case management that apply research-based practice. The  
18 requirements shall be designed to provide the person receiving  
19 the case management with a choice of providers, allow a  
20 service provider to be the case manager but prohibit the  
21 provider from referring a person receiving the case management  
22 only to services administered by the provider, and include  
23 other provisions to ensure compliance with but not exceed  
24 federal requirements for conflict-free case management. The  
25 qualifications of targeted case managers and other persons  
26 providing service coordination under the management plan shall  
27 be specified in the rules. The rules shall also include but  
28 are not limited to all of the following relating to targeted  
29 case management and service coordination services:

30 Sec. 3. Section 331.397, subsection 5, paragraph b, Code  
31 2013, is amended to read as follows:

32 b. Providing ~~evidence-based~~ services that apply  
33 research-based practice.

34 Sec. 4. Section 331.397, subsection 6, paragraph d, Code  
35 2013, is amended to read as follows:

1     *d.* Advances in the use of ~~evidence-based~~ treatment applying  
2 research-based practice, including but not limited to all of  
3 the following:

- 4       (1) Positive behavior support.  
5       (2) Assertive community treatment.  
6       (3) Peer self-help drop-in centers.

7     Sec. 5. Section 331.397, subsection 7, paragraphs b and c,  
8 Code 2013, are amended to read as follows:

9       *b.* The ~~efficacy of the services or other support is~~ are  
10 recognized as an ~~evidence-based~~ a research-based practice, ~~is~~  
11 ~~deemed to be an emerging and promising practice, or providing~~  
12 ~~the services is part of a demonstration and will supply~~  
13 ~~evidence as to the services' effectiveness.~~

14       *c.* A determination that the services or other support  
15 provides an effective alternative to existing services  
16 that have been shown by the ~~evidence~~ research base to be  
17 ineffective, to not yield the desired outcome, or to not  
18 support the principles outlined in *Olmstead v. L.C.*, 527 U.S.  
19 581 (1999).

20           COMMUNITY CORRECTIONS SYSTEM ACCESS TO REGIONAL SERVICES

21     Sec. 6. Section 331.395, Code 2013, is amended by adding the  
22 following new subsection:

23       NEW SUBSECTION. 5. If adequate funding is provided through  
24 a state appropriation made for purposes of paying for services  
25 authorized pursuant to this subsection, a person with an income  
26 within the level specified in subsection 1 who is housed by or  
27 supervised by a judicial district department of correctional  
28 services established under chapter 905 shall be deemed to  
29 have met the income and resource eligibility requirements for  
30 services under the regional service system.

31           ELIGIBILITY MAINTENANCE

32     Sec. 7. Section 331.396, subsection 1, paragraph b, Code  
33 2013, is amended to read as follows:

34       *b.* The person is at least eighteen years of age and is a  
35 resident of this state. However, a person who is seventeen

1 years of age, is a resident of this state, and is receiving  
 2 publicly funded children's services may be considered eligible  
 3 for services through the regional service system during the  
 4 three-month period preceding the person's eighteenth birthday  
 5 in order to provide a smooth transition from children's  
 6 to adult services. In addition, a person who is less than  
 7 eighteen years of age and a resident of this state may be  
 8 eligible, as determined by the region, for those mental health  
 9 services made available to all or a portion of the residents  
 10 of the region of the same age and eligibility class under the  
 11 county management plan of one or more counties of the region  
 12 applicable prior to formation of the region.

13 Sec. 8. Section 331.396, subsection 2, paragraph b, Code  
 14 2013, is amended to read as follows:

15 b. The person is at least eighteen years of age and is a  
 16 resident of this state. However, a person who is seventeen  
 17 years of age, is a resident of this state, and is receiving  
 18 publicly funded children's services may be considered eligible  
 19 for services through the regional service system during the  
 20 three-month period preceding the person's eighteenth birthday  
 21 in order to provide a smooth transition from children's  
 22 to adult services. In addition, a person who is less than  
 23 eighteen years of age and a resident of this state may be  
 24 eligible, as determined by the region, for those intellectual  
 25 disability services made available to all or a portion of the  
 26 residents of the region of the same age and eligibility class  
 27 under the county management plan of one or more counties of the  
 28 region applicable prior to formation of the region.

29 Sec. 9. Section 331.397, subsection 2, paragraph b, Code  
 30 2013, is amended to read as follows:

31 b. Until funding is designated for other service  
 32 populations, eligibility for the service domains listed in this  
 33 section shall be limited to such persons who are in need of  
 34 mental health or intellectual disability services. However, if  
 35 a county in a region was providing services to an individual

1 ~~person~~ eligibility class of persons with a developmental  
 2 disability other than intellectual disability or a brain injury  
 3 prior to formation of the region, the ~~individual-person class~~  
 4 of persons shall remain eligible for the services provided when  
 5 the region is formed, provided that funds are available to  
 6 continue such services.

7 STATE PAYMENTS TO REGION

8 Sec. 10. Section 426B.3, subsection 4, as enacted by 2012  
 9 Iowa Acts, chapter 1120, section 137, is amended to read as  
 10 follows:

11 4. a. For the fiscal years beginning July 1, 2013, and  
 12 July 1, 2014, a county with a county population expenditure  
 13 target amount that exceeds the amount of the county's base year  
 14 expenditures for mental health and disabilities services shall  
 15 receive an equalization payment for the difference.

16 b. The equalization payments determined in accordance  
 17 with this subsection shall be made by the department of human  
 18 services for each fiscal year as provided in appropriations  
 19 made from the property tax relief fund for this purpose. If  
 20 the county is part of a region that has been approved by the  
 21 department in accordance with section 331.389, to commence  
 22 partial or full operations, the county's equalization payment  
 23 shall be remitted to the region for expenditure as approved by  
 24 the region's governing board.

25 STRATEGIC PLAN REQUIREMENT FOR FY 2013-2014

26 Sec. 11. 2012 Iowa Acts, chapter 1128, section 8, is amended  
 27 to read as follows:

28 SEC. 8. COUNTY MENTAL HEALTH, ~~MENTAL RETARDATION~~  
 29 INTELLECTUAL DISABILITY, AND DEVELOPMENTAL DISABILITIES  
 30 SERVICES MANAGEMENT PLAN — STRATEGIC PLAN. Notwithstanding  
 31 section 331.439, subsection 1, paragraph "b", subparagraph (3),  
 32 counties are not required to submit a three-year strategic  
 33 plan by April 1, 2012, to the department of human services. A  
 34 county's strategic plan in effect as of the effective date of  
 35 this section shall remain in effect until the regional service

1 system management plan for the region to which the county  
 2 belongs is approved in accordance with section 331.393, subject  
 3 to modification before that date as necessary to conform with  
 4 statutory changes affecting the plan and any amendments to the  
 5 plan that are adopted in accordance with law.

6                   TRANSITION FUND — SERVICES MAINTENANCE

7       Sec. 12. TRANSITION FUND — SERVICES MAINTENANCE. A county  
 8 receiving an allocation of funding from the mental health and  
 9 disability services redesign transition fund created in 2012  
 10 Iowa Acts, chapter 1120, section 23, shall utilize the funding  
 11 received by the county as necessary for the services covered  
 12 in accordance with the county's approved management plan in  
 13 effect as of June 30, 2012, for the fiscal year beginning July  
 14 1, 2012, and ending June 30, 2013.

15                   REDESIGN EQUALIZATION PAYMENT APPROPRIATION

16       Sec. 13. MENTAL HEALTH AND DISABILITY SERVICES —  
 17 EQUALIZATION PAYMENTS TRANSFER AND APPROPRIATION.

18       1. There is transferred from the general fund of the  
 19 state to the department of human services for the fiscal year  
 20 beginning July 1, 2013, and ending June 30, 2014, the following  
 21 amount, or so much thereof as is necessary, to be used for the  
 22 purposes designated:

23       For deposit in the property tax relief fund created in  
 24 section 426B.1, for distribution as provided in this section:  
 25 ..... \$ 29,820,478

26       2. The moneys credited to the property tax relief fund in  
 27 accordance with this section are appropriated to the department  
 28 of human services for distribution of equalization payments for  
 29 counties in the amounts specified in section 426B.3, subsection  
 30 4, as enacted by 2012 Iowa Acts, chapter 1120, section 137,  
 31 for the fiscal year beginning July 1, 2013. If the county is  
 32 part of a region that has been approved by the department in  
 33 accordance with section 331.389, to commence partial or full  
 34 operations, the county's equalization payment shall be remitted  
 35 to the region for expenditure as approved by the region's

1 governing board. The payments shall be remitted on or before  
2 July 15, 2013.

3 SUBSTANCE-RELATED DISORDER DETOXIFICATION

4 Sec. 14. MENTAL HEALTH AND DISABILITY SERVICES POLICY  
5 REVIEWS. The mental health and disability services commission  
6 shall review options for the mental health and disability  
7 services regions to coordinate substance-related disorder  
8 funding provided by counties and other such disorder funding  
9 provided by counties in place of county coordination. The  
10 commission shall report to the governor and general assembly  
11 its findings, options, and recommendations on or before October  
12 15, 2013.

13 MEDICAID OBLIGATION COST SETTLEMENT

14 Sec. 15. COUNTY MEDICAL ASSISTANCE NONFEDERAL SHARE —  
15 COST SETTLEMENT. Any county obligation for payment to the  
16 department of human services of the nonfederal share of the  
17 cost of services provided under the medical assistance program  
18 prior to July 1, 2012, pursuant to sections 249A.12 and  
19 249A.26, shall remain at the amount agreed upon as of June 30,  
20 2013. Beginning July 1, 2013, other than a county payment on  
21 the obligation, the department shall be responsible for any  
22 adjustment that would otherwise be applied to the amount of the  
23 county obligation after that date due to cost settlement of  
24 charges or other reasons.

25 CONTINUATION OF STATE PAYMENT PROGRAM FUNDING

26 Sec. 16. STATE PAYMENT PROGRAM — FY 2013-2014. Unless  
27 otherwise provided by law, state payment program moneys  
28 appropriated for the fiscal year beginning July 1, 2013, to pay  
29 the costs of non-Medicaid mental health and disability services  
30 provided by counties to persons without a county of legal  
31 settlement considered in the previous fiscal year to be a state  
32 case shall continue to be remitted to the county of residence  
33 paying for the services. If the county of residence is part of  
34 a region that has been approved by the department in accordance  
35 with section 331.389, to commence partial or full operations,

1 the state payment program moneys shall be remitted to the  
2 region for expenditure as approved by the region's governing  
3 board.

4 Sec. 17. EFFECTIVE UPON ENACTMENT. This division of this  
5 Act, being deemed of immediate importance, takes effect upon  
6 enactment.

7 DIVISION II

8 DATA AND STATISTICAL INFORMATION AND OUTCOME AND PERFORMANCE  
9 MEASURES

10 Sec. 18. Section 225C.4, subsection 1, paragraph j, Code  
11 2013, is amended to read as follows:

12 j. Establish and maintain a data collection and management  
13 information system oriented to the needs of patients,  
14 providers, the department, and other programs or facilities in  
15 accordance with section 225C.6A. The system shall be used to  
16 identify, collect, and analyze service outcome and performance  
17 measures data in order to assess the effects of the services on  
18 the persons utilizing the services. The administrator shall  
19 annually submit to the commission information collected by the  
20 department indicating the changes and trends in the disability  
21 services system. The administrator shall make the outcome data  
22 available to the public.

23 Sec. 19. Section 225C.6A, Code 2013, is amended to read as  
24 follows:

25 **225C.6A Disability services system ~~redesign~~ central data**  
26 **repository.**

27 1. The ~~commission~~ department shall do the following  
28 relating to ~~redesign of~~ data concerning the disability services  
29 system in the state:

30 ~~1. Identify sources of revenue to support statewide~~  
31 ~~delivery of core disability services to eligible disability~~  
32 ~~populations.~~

33 ~~2. Ensure there is a continuous improvement process for~~  
34 ~~development and maintenance of the disability services system~~  
35 ~~for adults and children. The process shall include but is not~~



1 ~~limited to data collection and reporting provisions.~~

2     ~~3.~~ a. Plan, collect, and analyze data as necessary to  
 3 issue cost estimates for serving additional populations and  
 4 providing core disability services statewide. The department  
 5 shall maintain compliance with applicable federal and state  
 6 privacy laws to ensure the confidentiality and integrity of  
 7 individually identifiable disability services data. The  
 8 department ~~shall regularly~~ may periodically assess the status  
 9 of the compliance in order to assure that data security is  
 10 protected.

11     ~~b. In implementing~~ Implement a system central data  
 12 repository under this ~~subsection~~ section for collecting and  
 13 analyzing state, county and region, and private contractor  
 14 data, ~~the.~~ The department shall establish a client identifier  
 15 for the individuals receiving services. ~~The client identifier~~  
 16 ~~shall be used in lieu of the individual's name or social~~  
 17 ~~security number. The client identifier shall consist of the~~  
 18 ~~last four digits of an individual's social security number,~~  
 19 ~~the first three letters of the individual's last name, the~~  
 20 ~~individual's date of birth, and the individual's gender in an~~  
 21 ~~order determined by the department.~~

22     c. Consult on an ongoing basis with regional administrators,  
 23 service providers, and other stakeholders in implementing the  
 24 central data repository and operations of the repository. The  
 25 consultation shall focus on minimizing the state and local  
 26 costs associated with operating the repository.

27     d. Engage with other state and local government and  
 28 nongovernmental entities operating the Iowa health information  
 29 network under chapter 135 and other data systems that maintain  
 30 information relating to individuals with information in the  
 31 central data repository in order to integrate data concerning  
 32 individuals.

33     ~~e.~~ 2. A county or region shall not be required to utilize a  
 34 uniform data operational or transactional system. However, the  
 35 system utilized shall have the capacity to exchange information

1 with the department, counties and regions, contractors, and  
 2 others involved with services to persons with a disability  
 3 who have authorized access to the central data repository.  
 4 The information exchanged shall be labeled consistently  
 5 and share the same definitions. Each county regional  
 6 administrator shall regularly report to the department annually  
 7 ~~on or before December 1, for the preceding fiscal year the~~  
 8 following information for each individual served: demographic  
 9 information, expenditure data, and data concerning the services  
 10 and other support provided to each individual, as specified  
 11 ~~in administrative rule adopted by the commission by the~~  
 12 department.

13 ~~4. Work with county representatives and other qualified~~  
 14 ~~persons to develop an implementation plan for replacing the~~  
 15 ~~county of legal settlement approach to determining service~~  
 16 ~~system funding responsibilities with an approach based upon~~  
 17 ~~residency. The plan shall address a statewide standard for~~  
 18 ~~proof of residency, outline a plan for establishing a data~~  
 19 ~~system for identifying residency of eligible individuals,~~  
 20 ~~address residency issues for individuals who began residing in~~  
 21 ~~a county due to a court order or criminal sentence or to obtain~~  
 22 ~~services in that county, recommend an approach for contesting~~  
 23 ~~a residency determination, and address other implementation~~  
 24 ~~issues.~~

25 3. The outcome and performance measures applied to the  
 26 regional disability services system shall utilize measurement  
 27 domains. The department may identify other measurement domains  
 28 in consultation with system stakeholders to be utilized in  
 29 addition to the following initial set of measurement domains:

- 30 a. Access to services.
- 31 b. Life in the community.
- 32 c. Person-centeredness.
- 33 d. Health and wellness.
- 34 e. Quality of life and safety.
- 35 f. Family and natural supports.

1     4. a. The processes used for collecting outcome and  
 2 performance measures data shall include but are not limited  
 3 to direct surveys of the individuals and families receiving  
 4 services and the providers of the services. The department  
 5 shall involve a workgroup of persons who are knowledgeable  
 6 about both the regional service system and survey techniques  
 7 to implement and maintain the processes. The workgroup shall  
 8 conduct an ongoing evaluation for the purpose of eliminating  
 9 the collection of information that is not utilized. The  
 10 surveys shall be conducted with a conflict-free approach in  
 11 which someone other than a provider of services surveys an  
 12 individual receiving the services.

13     b. The outcome and performance measures data shall encompass  
 14 and provide a means to evaluate both the regional services and  
 15 the services funded by the medical assistance program provided  
 16 to the same service populations.

17     c. The department shall develop and implement an  
 18 internet-based approach with graphical display of information  
 19 to provide outcome and performance measures data to the public  
 20 and those engaged with the regional service system.

21     d. The department shall include any significant costs for  
 22 collecting and interpreting outcome and performance measures  
 23 and other data in the department's operating budget.

24     Sec. 20. REPEAL. The amendment to section 225C.4,  
 25 subsection 1, paragraph j, in 2012 Iowa Acts, chapter 1120,  
 26 section 2, is repealed.

27     Sec. 21. REPEAL. The amendments to section 225C.6A, in 2012  
 28 Iowa Acts, chapter 1120, sections 6, 7, and 95, are repealed.

### 29                                   DIVISION III

### 30                                   CHILDREN'S CABINET

31     Sec. 22. NEW SECTION. 242.1 Findings.

32     The general assembly finds there is a need for a  
 33 state-level children's cabinet to provide guidance, oversight,  
 34 problem-solving, and long-term strategy development, and to  
 35 foster collaboration among state and local efforts to build a

1 comprehensive, coordinated system of care in order to promote  
2 the well-being of the children in this state. The system of  
3 care should address all domains of child physical, mental,  
4 intellectual, developmental, and social health and meet the  
5 particular needs of children for family-centered mental health  
6 and disability services and for other appropriate specialized  
7 services.

8     Sec. 23. NEW SECTION.   **242.2 Children's cabinet established.**

9     There is established within the department of human services  
10 a children's cabinet.

11     1. The voting members of the children's cabinet shall  
12 consist of the following:

13     a. The director of the department of education or the  
14 director's designee.

15     b. The director of the department of human services or the  
16 director's designee. This member shall be chairperson of the  
17 cabinet.

18     c. The director of the department of inspections and appeals  
19 or the director's designee.

20     d. The director of the department of public health or the  
21 director's designee.

22     e. A parent of a child with a severe emotional disturbance  
23 or a disability who is the primary caregiver for that child,  
24 appointed by the governor.

25     f. A juvenile court judge or juvenile court officer  
26 appointed by the chief justice of the supreme court.

27     g. A community-based provider of child welfare, health,  
28 or juvenile justice services to children, appointed by the  
29 director of human services.

30     h. A member of the early childhood Iowa state board or the  
31 early childhood stakeholders alliance, appointed by the state  
32 board.

33     i. A community stakeholder who is not affiliated with a  
34 provider of services, appointed by the governor.

35     j. A member of a child advocacy organization approved by the

1 members of the children's cabinet.

2     *k.* A member of the Iowa chapter of the American academy  
3 of pediatrics who has expertise in pediatric health care and  
4 addressing the needs of children with special needs, designated  
5 by the Iowa chapter.

6     *l.* Not more than three other members designated by  
7 the cabinet chairperson to ensure adequate representation  
8 of the persons and interests who may be affected by the  
9 recommendations made by the cabinet.

10     2. In addition to the voting members, there shall be four ex  
11 officio, nonvoting members of the children's cabinet. These  
12 members shall be two state representatives, one appointed by  
13 the speaker of the house of representatives and one by the  
14 minority leader of the house of representatives, and two state  
15 senators, one appointed by the majority leader of the senate  
16 and one by the minority leader of the senate.

17     3. *a.* The voting members, other than department directors  
18 and their designees, shall be appointed for four-year terms.  
19 The terms of such members begin on May 1 in the year of  
20 appointment and expire on April 30 in the year of expiration.

21     *b.* Vacancies shall be filled in the same manner as original  
22 appointments. A vacancy shall be filled for the unexpired  
23 term.

24     *c.* The voting members shall receive actual and necessary  
25 expenses incurred in the performance of their duties and  
26 legislative members shall be compensated as provided in section  
27 2.32A.

28     4. Staffing services for the children's cabinet shall be  
29 provided by the department of human services.

30     Sec. 24. NEW SECTION. **242.3 Duties.**

31     The children's cabinet shall perform the following duties  
32 in making recommendations to the agencies and organizations  
33 represented on the cabinet, the governor, the general assembly,  
34 and the judicial branch to address the needs of children and  
35 families in this state:

1     1. Develop operating provisions for health homes for  
2 children implemented by the department of human services. The  
3 provisions shall include but are not limited to all of the  
4 following:

5     a. Identification of quality metrics.

6     b. Identification of performance criteria.

7     c. Provisions for monitoring the implementation of  
8 specialized health homes.

9     d. Identification of system of care principles and values  
10 based on the recommendations of the workgroup for redesign of  
11 publicly funded children's disability services implemented by  
12 the department of human services in accordance with 2011 Iowa  
13 Acts, chapter 121, section 1, subsection 4, paragraph "i".

14     2. Gather information and improve the understanding of  
15 policymakers and the public of how the various service systems  
16 intended to meet the needs of children and families operate at  
17 the local level.

18     3. Address areas of overlap, gaps, and conflict between  
19 service systems.

20     4. Support the evolution of service systems in implementing  
21 new services and enhancing existing services to address the  
22 needs of children and families through process improvement  
23 methodologies.

24     5. Assist policymakers and service system users in  
25 understanding and effectively managing system costs.

26     6. Ensure services offered are evidence-based.

27     7. Issue guidelines to enable the services and other support  
28 which is provided by or under the control of state entities and  
29 delivered at the local level to have sufficient flexibility to  
30 engage local resources and meet unique needs of children and  
31 families.

32     8. Integrate efforts of policymakers and service providers  
33 to improve the well-being of community members in addition to  
34 children and families.

35     9. Implement strategies so that the children and families

1 engaged with the service systems avoid the need for higher  
2 level services and other support.

3 10. Oversee the practices utilized by accountable care  
4 organizations and other care management entities operating on  
5 behalf of the state in the provision of government supported  
6 children's services and systems of care.

7 11. Identify and promote evidence-based practices that may  
8 be creatively applied in appropriate settings for prevention  
9 and early identification of social, emotional, behavioral, and  
10 developmental risk factors for children from birth through age  
11 eight.

12 12. Making periodic recommendations to the agencies  
13 and organizations represented on the cabinet. An agency or  
14 organization receiving such a recommendation shall respond  
15 in writing to the children's cabinet detailing how the  
16 recommendation was addressed. The response shall be submitted  
17 not later than sixty business days following the date of the  
18 receipt of the recommendation.

19 13. Submit a report annually by December 15 to the governor,  
20 general assembly, and supreme court providing findings and  
21 recommendations and issue other reports as deemed necessary by  
22 the cabinet.

23 Sec. 25. INITIAL TERMS. Notwithstanding section 242.2,  
24 subsection 3, paragraph "a", as enacted by this division of  
25 this Act, the appointing authorities for the members of the  
26 children's cabinet created by this division of this Act who are  
27 subject to terms of service shall be coordinated so that the  
28 initial terms of approximately half of such members are two  
29 years and the remainder are for four years and remain staggered  
30 thereafter.

31 DIVISION IV

32 CENTER FOR CHILD HEALTH INNOVATION AND EXCELLENCE

33 Sec. 26. Section 135.11, Code 2013, is amended by adding the  
34 following new subsection:

35 NEW SUBSECTION. 32. Create and operate, subject to

1 appropriation of funding by the general assembly, a center for  
2 child health excellence and innovation. The purpose of the  
3 center is to provide a policy forum for efforts to improve  
4 child health, including but not limited to improving health  
5 quality, demonstrating better health outcomes, and reducing  
6 long-term health care costs.

7     *a.* The center shall engage major providers of child health  
8 services and associated groups, including but not limited to  
9 representatives of the department, the medical assistance  
10 program administrator, child health specialty clinics, the  
11 association representing community health centers, the state  
12 council created by the department for the department's project  
13 LAUNCH initiative, staff of institutions of higher education  
14 with expertise in pediatric health and child health care, and  
15 others.

16     *b.* The center shall lead the review and analysis of public  
17 policy efforts that are directed toward the purpose of the  
18 center.

19     *c.* The center shall develop community-based initiatives  
20 to promote healthy child development, leveraging medical  
21 assistance program funding where possible. The initiatives  
22 of Iowa shall include but are not limited to the promotion of  
23 demonstration programs within the behavioral health managed  
24 care contract and the development of a grant application for  
25 federal and foundation funding opportunities that focus upon  
26 improving child health through innovation and the diffusion of  
27 innovation.

28     *d.* The center shall develop an early childhood mental health  
29 certification for professionals and others engaged in working  
30 with young children.

31     *e.* The center shall draw upon national and state  
32 expertise in the field of child health, including experts  
33 from Iowa's institutions of higher education, health provider  
34 organizations, and health policy and advocacy organizations.  
35 The center shall seek support from the Iowa research



1 community in data report development and analysis of available  
2 information from Iowa child health data sources.

3 *f.* The center shall work with the departments of human  
4 services and public health and with the governor and members  
5 of the general assembly in child health public policy efforts  
6 such as providing medical assistance funding as necessary to  
7 expand the department's initiative to provide for adequate  
8 developmental surveillance and screening during a child's first  
9 five years to be available statewide and enabling child care  
10 resource and referral service agencies to facilitate provision  
11 of child mental health consultation for child care providers.  
12 *g.* The center shall submit a report of its activities and  
13 policy recommendations to the general assembly by December 15  
14 annually.

#### 15 EXPLANATION

16 This bill relates to mental health and disability services  
17 (MH/DS) administered by counties and the regions being formed  
18 by counties to provide adult MH/DS that are not covered by the  
19 medical assistance (Medicaid) program, children's services, and  
20 makes appropriations. The bill addresses recommendations made  
21 to the mental health and disability services redesign fiscal  
22 viability study committee by various committees and workgroups  
23 created or continued by the MH/DS redesign legislation enacted  
24 in 2012 Iowa Acts, chapter 1120 (SF 2315) and chapter 1133 (SF  
25 2336). The bill also includes other provisions. The bill is  
26 organized into divisions.

27 Under current law, certain MH/DS redesign requirements  
28 for regions specify the use of evidence-based practices  
29 or approaches. The bill defines the term, "research-based  
30 practice" in Code section 331.388, relating to definitions for  
31 the redesign, to mean a service or other support in which the  
32 efficacy of the service or other support is recognized as an  
33 evidence-based practice, or is deemed to be an emerging or  
34 promising practice, or which is part of a demonstration and  
35 will supply evidence as to effectiveness. The redesign-related

1 Code requirements for evidence-based practice are changed by  
2 the bill to research-based practice in Code section 331.393,  
3 relating to the service management plans that must be adopted  
4 by regions and requirements for designating targeted case  
5 managers, and in Code section 331.397, relating to the core  
6 services that must be provided by regions.

7 Code section 331.395, relating to financial eligibility  
8 requirements for the regional service system, is amended to  
9 provide eligibility for the regional service system for persons  
10 who meet income requirements and are housed by or supervised by  
11 community-based correctional services, if a state appropriation  
12 is made to cover the service costs.

13 Code section 331.396, relating to diagnosis and functional  
14 assessment requirements for eligibility for the regional  
15 service system, is amended to allow a child to be eligible,  
16 as determined by the region, for those mental health or  
17 intellectual disability services provided to residents of  
18 the same age and eligibility class under an approved county  
19 management plan of one or more counties of the region prior  
20 to formation of the region. The person's eligibility for  
21 individualized services is subject to determination in  
22 accordance with a functional assessment.

23 Code section 331.397, relating to the requirements  
24 for regional core services, is amended to provide that an  
25 eligibility class of persons with a developmental disability or  
26 a brain injury who was receiving services prior to formation of  
27 a region remains eligible for the services after formation of  
28 the region, subject to the availability of funding.

29 Code section 426B.3, as amended by SF 2315, relates to  
30 eligibility for equalization payments from the state in fiscal  
31 years 2013-2014 and 2014-2015 for those counties with a base  
32 year levy which is less than a target amount computed by  
33 multiplying the county's general population times a statewide  
34 per capita expenditure target amount of \$47.28. The bill  
35 provides that if the county is part of a region approved by

1 DHS to commence partial or full operations, the county's  
2 equalization payment is remitted to the region for expenditure  
3 as approved by the region's governing board.

4 Under Code section 331.439, counties are required to submit  
5 a three-year strategic plan for MH/DS and the latest plan was  
6 due by April 1, 2012. In accordance with 2012 Iowa Acts,  
7 chapter 1128, the strategic plan submission was not required  
8 and the existing strategic plan remained in effect. The bill  
9 provides that a county's strategic plan remains in effect,  
10 unless modified pursuant to statute or amended by the county,  
11 until it is replaced by approval of the regional service system  
12 management plan for the region to which the county belongs.

13 If a county receives an allocation of funding from the  
14 mental health and disability services redesign transition fund  
15 created in SF 2315, the county is required to utilize the  
16 funding provided as necessary for the services provided to an  
17 individual child or other individual person receiving services  
18 in accordance with the county's approved service management  
19 plan in effect as of June 30, 2012.

20 A transfer of approximately \$30 million is made from  
21 the general fund of the state to DHS to be credited to the  
22 property tax relief fund and is appropriated for DHS to make  
23 equalization payments to eligible counties for FY 2013-2014.

24 The MH/DS commission is required to review options for  
25 the MH/DS regions to coordinate the county substance-related  
26 disorder funding for detoxification and other such  
27 county-provided disorder funding in place of county  
28 coordination. The commission is required to report to the  
29 governor and general assembly its findings, options, and  
30 recommendations on or before October 15, 2013.

31 Any county obligation for payment to DHS of the nonfederal  
32 share of the cost of services provided under the Medicaid  
33 program prior to July 1, 2012, is required to remain at the  
34 amount agreed upon as of June 30, 2013. Beginning July 1,  
35 2013, other than a county payment on the obligation, DHS is

1 responsible for any adjustment that would otherwise be applied  
2 to the amount of the county obligation after that date due to  
3 cost settlement of charges or other reasons.

4 Unless otherwise provided by law, state payment program  
5 moneys appropriated to DHS for FY 2013-2014, to pay the costs  
6 of non-Medicaid mental health and disability services provided  
7 by counties to persons without a county of legal settlement  
8 considered in the previous fiscal year to be a state case,  
9 shall continue to be remitted to the county of residence paying  
10 for the services. If the county of residence is part of a  
11 region that has been approved by DHS to commence partial or  
12 full operations, the state payment program moneys shall be  
13 remitted to the region for expenditure as approved by the  
14 region's governing board.

15 This division takes effect upon enactment.

16 DATA AND STATISTICAL INFORMATION AND OUTCOME AND PERFORMANCE  
17 MEASURES. This division addresses recommendations submitted by  
18 the data and statistical information integration workgroup and  
19 the outcomes and performance measures committee.

20 Current law is amended in Code section 225C.4, relating  
21 to the duties of the DHS MH/DS division administrator, and  
22 in Code section 225C.6A, relating to disability services  
23 system redesign, to delineate requirements pertaining to  
24 MH/DS state collection and management information systems  
25 and outcome and performance data. These Code provisions  
26 were previously amended by SF 2315. The bill incorporates  
27 the SF 2315 amendments and adds new language and repeals  
28 the SF 2315 amendments that would otherwise take effect on  
29 July 1, 2013. For Code section 225C.4, the bill references  
30 in the administrator's duties the specific new requirements  
31 established by the bill in Code section 225C.6A. The new  
32 requirements pertain to DHS implementation of a central data  
33 repository, information exchange capacity, regular reporting  
34 of individual information, data security, consultation with  
35 regional staff, providers, and other stakeholders, engaging

1 with other data systems, outcome and performance measure  
2 domains, use of surveys, evaluation of both regional and  
3 Medicaid services, provision of data to the public via an  
4 internet-based approach with graphical information, and  
5 inclusion of significant costs associated with the data and  
6 measures in the DHS budget.

7 CHILDREN'S CABINET. This division addresses recommendations  
8 submitted by the children's disability workgroup to create a  
9 children's cabinet.

10 New Code section 242.1 lists legislative findings as to the  
11 need for a children's cabinet.

12 New Code section 242.2 provides for appointment of members  
13 to the children's cabinet. The director of the department of  
14 human services (DHS) or the director's designee is to be the  
15 chairperson of the cabinet and appoint up to three additional  
16 members to the cabinet, and DHS is required to staff the  
17 cabinet. Various state agencies are identified for membership  
18 along with community stakeholders. Four members of the  
19 general assembly are required to be appointed to serve in an  
20 ex officio, nonvoting capacity.

21 New Code section 242.3 delineates the duties of the  
22 children's cabinet in making recommendations to the agencies  
23 represented on the cabinet and to the governor, general  
24 assembly, and judicial branch. The areas of recommendation  
25 include the development of operating provisions for health  
26 homes for children and the practices utilized by other aspects  
27 of the service systems for children. If the cabinet makes  
28 a recommendation to an agency or organization represented on  
29 the cabinet, the agency or organization must respond within 60  
30 business days detailing how the recommendation was addressed.  
31 The children's cabinet is required to report annually by  
32 December 15 to the governor, general assembly, and supreme  
33 court providing findings and recommendations and issue other  
34 reports as deemed necessary by the cabinet.

35 A temporary provision provides for appointment of

1 approximately half of the initial voting members of the  
2 children's cabinet other than department heads to two-year  
3 terms in order to stagger the terms.

4     CENTER FOR CHILD HEALTH INNOVATION AND EXCELLENCE. This  
5 division requires the department of public health to create a  
6 center for child health excellence and innovation. The purpose  
7 of the center is to provide a policy forum for efforts to  
8 improve child health, including but not limited to improving  
9 health quality, demonstrating better health outcomes, and  
10 reducing long-term health care costs. The creation and  
11 operation of the center is subject to provision of funding by  
12 the general assembly.

13     The center is required to engage other departments of state  
14 government and child health providers and to perform various  
15 duties to further the purpose of the center.